

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

600
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							
50							
TOTAL IND.	2						
TOTAL DEP.		2					
OTAL CLAIMS	9						